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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

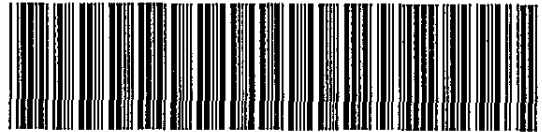
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
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05 APR 18 PM 12:57

J. Shivers APR 22 2005

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: INTERSTATE DOLLAR CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Anthony CASTAENA  
Name (Printed or typed)

15 Fern AL  
Address

ST. AUGUSTINE FLA 32084  
City, State & Zip

904-806-6707  
Daytime Telephone number

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DIVISION OF CORPORATIONS  
05 APR 18 PM 12:57

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: INTERSTATE DOLLAR CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

15 FERRY PLACE, SUITE 102  
ST. AUGUSTINE FLA  
32084

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY OR LAWFUL BUSINESS PURPOSE.

**ARTICLE IV SHARES**

The number of shares of stock is:

12,000,000 (MILLION SHARES)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Anthony CASTAGNA  
15 FERRY PLACE, SUITE 102  
ST. AUGUSTINE FLA  
32084

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Anthony CASTAGNA  
15 FERRY PLACE  
ST. AUGUSTINE FLA 32084

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Anthony CASTAGNA  
15 FERRY PLACE, SUITE 102  
ST. AUGUSTINE FLA 32084

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Anthony CASTAGNA  
Signature/Registered Agent

4-15-05  
Date

Anthony CASTAGNA  
Signature/Incorporator

4-15-05  
Date

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